

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000028871

1. Corporation Name

TODD A. RAPPAPORT, M.D., P.A.

Principal Place of Business

Mailing Address

~~4235 MARSH LANDING BLVD., STE. 314~~
~~JACKSONVILLE BEACH FL 32250~~

~~4235 MARSH LANDING BLVD., STE. 314~~
~~JACKSONVILLE BEACH FL 32250~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

1901 1ST ST. NORTH

3. New Mailing Office Address, if Applicable

1901 1ST ST. NORTH

Suite, Apt. #, etc.

1206

Suite, Apt. #, etc.

1206

City & State

JACKSONVILLE BEACH, FL

City & State

JACKSONVILLE BEACH, FL

Zip

32250

Country

USA

Zip

32250

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/1999

SP

5. FEI Number

59-35642-37

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RAPPAPORT, TODD A	4235 MARSH LANDING BLVD., STE. 3 1901 1ST ST. NORTH # 1206 JACKSONVILLE BEACH, FL 32250 USA	JACKSONVILLE BEACH FL 32250

400003533684--7
-01/11/01--01103--006
****750.00 ****750.00

8. Name and Address of Current Registered Agent

WALKER, JAMES V
217 PONTE VEDRA PARK DR., STE. 200
PONTE VEDRA BEACH FL 32082

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature] **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

DEC 05 2000

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/00

Date

(904) 247-5644

Daytime Phone #

CR2E040 (8/00)